



## EXTENDED HOURS ESTABLISHMENT LICENSE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

**DEFINITION:** An extended hours establishment shall mean any convenience store, filling station, personal service establishment or restaurant open at any time between the hours of 12 a.m. and 5 a.m.

**LICENSE PERIOD:** Annual, May 1 thru April 30

**APPLICATION:** Apply at City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202; telephone (414) 286-2238.

**FEE:** The \$200 license fee **must be submitted with application.** Checks payable to: City of Milwaukee.

**EXEMPTIONS:** No license is required for premises holding a Class "B" alcohol beverage license open during those hours which Class "B" premises may be open.

**SIGNATURES:** Notarized signature of the individual, all partners, an officer of a corporation, or member of a LLC are required.

### **REQUIREMENTS:**

Applicants must be 18 years of age.

Individual applicants, partners, or the agent of a Limited Liability Company or Corporation must be residents of the state of Wisconsin.

The applicant shall file a copy of a valid occupancy certificate with the license application. An occupancy permit may be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1<sup>st</sup> floor, (414) 286-8211, Permit must be in the name of the same legal entity as the license applicant.  
<http://www.mkedcd.org/build/pdfs/occcert.pdf>.

Contact the Health Department, 841 N. Broadway, telephone (414) 286-3674 to check on any licenses you may need.

**FINGERPRINTS:** All applicants (including partners, the agent of the corporation or LLC) whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. Report to the Police Administration Building, 951 N. James Lovell St. (7<sup>th</sup> St), Room 305 to be fingerprinted. If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

**REPORT CHANGES:** Whenever a fact set forth in the application changes, the licensee shall file a written notice of the change with the License Division within 5 days of the change.

**GRANTING OF LICENSES:** Licenses are granted by the Common Council. Please allow 5-6 weeks for processing.

**REFUND OF LICENSE FEE:** If an application is withdrawn or denied, you are eligible for a refund in the amount of \$150, provided the refund is requested no later than one year from the date of withdrawal or denial of the application. If a license is not issued, the refund must be requested no later than one year from the date of application, unless the license has been granted, in which case no later than one year from the date of granting of the license.

**DUPLICATE LICENSE FEE:** The fee for a duplicate license is \$8. You must bring a current photo Identification.



**City  
of  
Milwaukee**

# **EXTENDED HOURS ESTABLISHMENT APPLICATION**

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**Any incomplete application or application submitted without the required fee will be returned. Checks should be made payable to the City of Milwaukee. Return to above address.**

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, D & E)  
☐ Corporation or LLC (Fill out Section B, C, D & E)

<b>Section A</b>	<b><u>INDIVIDUAL OR PARTNERSHIP:</u></b>		
	Full Name (Last, First & Middle Initial)	Full Name (Last, First & Middle Initial)	
	Home Street Address:	Home Street Address:	
	Home City, State, Zip Code:	Home City, State, Zip Code:	
	Home Phone Number: (     )     -	Home Phone Number: (     )     -	
	Date of Birth:	Date of Birth:	
<b>Section B</b>	<b><u>Business Name:</u></b>	Business Phone Number: (     )     -	Aldermanic District:
	Business Address (include City, State, Zip Code):		
	Building Owner Name:		
	Building Owner Address (include City, State, Zip Code):		
	Has the applicant previously been permitted/licensed to conduct a 24-hour establishment in the City of Milwaukee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list address:		
<b>Section C</b>	<b><u>Full Name of corporation, limited liability company, club or association:</u></b>		
	Address, if different from business address (include City, State, & Zip Code):		
	<b><u>Agent Or Local Manager:</u></b>		
	Full Name (Last, First & Middle Initial):	Home Street Address:	
	Home Phone Number: (     )     -	Home City, State, Zip Code:	
	Stockholder <input type="checkbox"/> Percentage of Stock     %	Date of Birth:	
	<b><u>President/Member</u></b>		
	Full Name (Last, First & Middle Initial):	<b><u>Vice President/Member</u></b>	
	Home Street Address:	Home Street Address:	
	Home City, State, Zip Code:	Home City, State, Zip Code:	
	Home Phone Number: (     )     -	Home Phone Number: (     )     -	
	Date of Birth:	Date of Birth:	
	Stockholder <input type="checkbox"/> Percentage of Stock     %	Stockholder <input type="checkbox"/> Percentage of Stock     %	

OVER

07/20/2005

Section C Continued	Secretary/Member		Treasurer/Member	
	Full Name (Last, First & Middle Initial):		Full Name (Last, First & Middle Initial):	
	Home Street Address:		Home Street Address:	
	Home City, State, Zip Code:		Home City, State, Zip Code:	
	Home Phone Number: (     )     -		Home Phone Number: (     )     -	
	Date of Birth:		Date of Birth:	
	Stockholder <input type="checkbox"/> Percentage of Stock     %		Stockholder <input type="checkbox"/> Percentage of Stock     %	
	List any additional stockholders owning 20% or more stock:			
	Full Name (Last, First & Middle Initial):		Full Name (Last, First & Middle Initial):	
	Home Street Address:		Home Street Address:	
Home City, State, Zip Code:		Home City, State, Zip Code:		
Home Phone Number: (     )     -		Home Phone Number: (     )     -		
Date of Birth:     %		Date of Birth:     %		
Section D	List all applicant convictions, including ordinance violations. Include the jurisdiction where they occurred. Do not list traffic violations.			
	Attach additional pages if necessary.			
Section E	<b>Read carefully before signing:</b> Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to the law and that the rights and responsibilities conferred by the license, if granted, will not be assigned to another.			
	The undersigned agrees to inform the City Clerk within five days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.			
	<b>Individual applicants and each member of a partnership must sign under oath. An officer/member of a corporation or LLC must sign under oath.</b> I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.			
	SUBSCRIBED AND SWORN TO BEFORE ME THIS			
	_____ day of _____, 20_____			
	Individual/Officer of Corp or Member of LLC/Partner			
	Partner			
	Notary Public, State of Wisconsin			
	My commission expires _____			

Office Use Only:

Initials: \_\_\_\_\_ Filed: \_\_\_\_\_ AD: \_\_\_\_\_ License #: \_\_\_\_\_ Granted: \_\_\_\_\_ Issued: \_\_\_\_\_



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# **PLAN OF OPERATION – EXTENDED HOURS ESTABLISHMENT**

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To be completed by the individual, a partner, or officer/member of a corporation/LLC.

Business Trade Name:

Name of Corporation/LLC:

Premises Address:

<b>Day of Week</b>	<b>Current Hours of Operation:</b> i.e. 8:00 A.M. to 1:30 A.M. or 24 hours	<b>Proposed Hours of Operation:</b> i.e. 8:00 A.M. to 1:30 A.M. or 24 hours	<b>Number of Patrons Expected:</b>
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

What are your plans for security at the premises?

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What are your plans to ensure the orderly appearance and operation of the business with respect to:

Litter: \_\_\_\_\_

Noise: \_\_\_\_\_

\_\_\_\_\_

For Restaurant Only, Legal Occupancy Limit / Capacity:

For Restaurant OR Personal Service Establishment: Number of Off Street Parking Places \_\_\_\_\_

What other licenses does the applicant hold?

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

(Please Print)

Notary Public Signature \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Office Use Only: Initials \_\_\_\_\_ License # \_\_\_\_\_ Filed \_\_\_\_\_ Granted \_\_\_\_\_ Issued \_\_\_\_\_